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63983

7590

11/01/2007

VOLPE AND KOENIG, P.C. NET APP
30 S. 17TH STREET
UNITED PLAZA, SUITE 1600
PHILADELPHIA, PA 19103

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Steven J. Gelman

(Depositor's name)



(Signature)

1-27-2008

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/772,642

02/05/2004

Roger Keith Stager

ALA-PT014

5773

TITLE OF INVENTION: METHOD AND SYSTEM FOR RESTORING A VOLUME IN A CONTINUOUS DATA PROTECTION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$720

\$300

\$0

\$1020

02/01/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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TSUI, DANIEL

2185

711-162000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys

or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Volpe and Koenig, P.C.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Network Appliance, Inc.

Sunnyvale, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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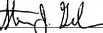
☐ A check is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized to charge the registered fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

1-27-2008

Typed or printed name

Steven J. Gelman

Registration No.

41,034

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